#### **FEE TRANSMITTAL**

### Electronic Version v08

Stylesheet Version v08.0

Title of Invention

Sleeping Aid

Application Number:

Date:

First Named Applicant: Ms. Brenda S. Hobson

Attorney Docket Number: 228412082003

# **TOTAL FEE AUTHORIZED \$ 385**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

### **BASIC FILING FEE**

Fee Description	Fee Code	Amount \$	Fee Paid \$			
Utility Filing Fee	2001	385	385			
Subtotal For Basic Filing Fees: \$ 38!						

#### **EXTRA CLAIM FEES**

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	
Total Claims: 3	0	2202	9	0	
Independent Claims : 2	0	2201	43	0	
Subtotal For Extra Claims Fees: \$ 0					

## **AUTHORIZED BILLING INFORMATION**

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 500356

Access Code \*\*\*\*

Deposit name: A+ LEGAL SERVICES

Deposit authorized name: Michael L Greenberg

Signature: mlg

Date (YYYYMMDD): 2004-07-06

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.